

ISSUE SLIP TABLE AREA (for additional cross references)

POST OFF	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		10	3-1-01
FORMALITY REVIEW	BZ	5-3-383	03-13-01
RESPONSE FORMALITY REVIEW	m	905	6/25/01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Date
1	2/01
2	2/02
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

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